

FIRST REPORT INJURY & OCCUPATIONAL DISEASE REPORTING **MONTANA STATE FUND**

- **All DNRC personnel**, including EFF's, must fill out a First Report of Injury form for every on-the-job injury. The form must be submitted for all injuries in order to protect the employee's right to benefits in the event a seemingly minor injury develops into a more serious condition.
- **Employees** should notify their supervisor of any on-the-job injury immediately. **Employers (supervisors)** must complete and submit the First Report of Injury form **within 6 days** of notification to the supervisor of the injury. It is the **supervisor's** responsibility to see that the report is submitted.
- Incomplete forms will not be processed until supervisor can be contacted to supply missing information.
- On fire assignments, the employee's "supervisor" is his/her immediate supervisor at the incident. If this individual is not a DNRC employee, it is then the injured employee's responsibility to submit the First Report, with the fire supervisor's signature. Contact home unit as soon as possible to inform regular supervisor of the injury.
- Policyholders may be fined \$250 to \$500 per late report of injury at the discretion of the Department of Labor & Industry.
- An 800 number has been established specifically to assist DNRC's **Fire Fighting Personnel** in reporting first injuries: **1-800-332-6102 Team 6**. For further assistance, you may also contact the following:
 - 1-800-332-6102, Ext. 6482 (Mitzie Saltzman, Montana State Fund)
 - 1-406-444-6673 (Kelly Bishop, DNRC, Personnel)
- A hard copy of the First Report form may be found in the DNRC Fire & Aviation Management Bureau's 300 Manual or may be obtained from any DNRC area office.
- An electronic version may be found at: <http://www.montanastatefund.com/wps/portal>
 - Go to Reporting an Injury under Quicklinks
 - Go to First Report of Injury Form (ms-word) (right hand vertical column)
 - You can either complete online or print, complete and fax.

INSTRUCTIONS FOR FIRST REPORT

- > Fill out all sections, except "Insurer Only" section, as completely and legibly as possible.
- > Employee and supervisor should both sign, if available. Supervisor must sign before submitting.
- > **Submit this form within the 6 day limit even if employee is not available to sign, ie: hospitalized, etc.**
- > **Helpful Hints:**
 - DNRC's federal tax ID # is **81-0302402**.
 - Use payroll classification code **9422** for firefighters.
 - For "Employer mailing address", use the main Helena DNRC address: P.O. Box 201601, Helena, MT 59620-1601. For phone number, use a number at which the supervisor can be reached.
 - For "Location of Operation", use the employee's home unit address.
 - Leave blank the following boxes, as they do not apply to DNRC:
 - "Employer is a sole proprietorship, partnership, corporation, limited liability company."
 - "Injured worker is a sole proprietorship, partnership, corporation, limited liability company."
 - "Insurance Agent's name"
 - "Insurance Agency"
 - "Agent's Telephone Number"

TWO OPTIONS FOR SUBMITTING FIRST REPORT

- 1.) **FAX TO: 1-406-444-2684, Attn: Kelly Bishop. (preferred option) Payroll personnel will check the report to verify completion and forward to Montana State Fund immediately.**
- 2.) **If you do not have access to a fax machine, you may phone in the report to Montana State Fund directly at 1-800-332-6102-Team 6.**